Approved for use through 1/31/2006 CMB 0611-00

	P		Şu	S. TON FEE DIDENTING ON FEE DIDENTING ON FOR	m PTO-875	TIOI Effect	V RECOR	D er 8, 2	Mation un	Pari I	PPCHIC	ARTIMENT OF DOOR	# Number
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY)R	OTHER THAN SMALL ENTITY	
8	for asic fee		HUMBER FI	rED H	IMBER EKIRA		RATE (1) FEE		FEE (1)			RATE (4)	PEEL
13	SEARCHFEE		N/A		. N/A		NVA		150.00			NIA .	300.00
(3	137 CFR 1 16(N. 14, or 1m)		NA -		N/A		N/A		\$250		-	NIA	\$600
(3:	(37 CFR 1 16(d). (p), or (q)).		NA		N/A		. NV		\$100		-	444	-
13	TOTAL CLAIMS PARENT 160)		minus 20 ·		The state of the s		X\$ 25	7.70		1	-	NA	\$200
TH	MOEPENDENT CLAIMS									4 0	`	\$50	•
		10	If the specification and drawings exceed 100			4	X100	- -			X	200	• .
FE	PLICATION SIZE CFR 116(4))	EE she ts:\$ add	iels of pape 260 (\$125) Illional 50 ši	mate fee due				٠.					
MU	LTIPLE DEPEN	_	7	+180=	1				360-	-			
. K	lhe dillerence k	1 oolumn 1 ls H	النم	TOTAL	┿		ĺ	L		<u> </u>			
	APF	Column	<u>)</u>	Column 2	(Column 3)	1	SMALL	ENTI	<u> </u>	OR		OTHE SMALL	R THAN ENTITY
AMENDMENT A	3/6/06 Total	REMAINII AFTER AMENDME	ит	PAID FOR	-9		RATE (\$)	L. TRO	DDI- NAL E (1)		RA	RATE (\$)	ADDI- TIONAL
	At CER LING	8		. 0.			X\$ 25 .	1	1	OR	X\$5	0 .	FEED
	hospendent .	L	Minus	6	1.18		X100 _			OR.	X200		
ŧ	Application Size Fee (37 CFR 1.16(5))												-
_1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160)						+180 =			OR	+36	0=	
		(Column 1)	•	(0-1			OTAL OUT FEE			OR	TOTAL	FEE .	
7		CLAIMS		- (Column 2) HIGHEST		Г						-	
	Total	REMAINING . AFTER. . AMENOMEN	r	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	AD TION FEE	HAL		. RATE	E(\$)	ADDI- TIONAL
	picfr. Librii		Minus		•		K\$ 25 .	_		<u> </u>	X\$50		FEE (f)
	tas cen reduti		Minus	***	2.00	13	K100			ΟŖ	X200		
	Application 8124 F44 (37 CFR 1.16(8))									⊃R∵∳	4-44		
										į.	-		
	FIRST PRESENTA	TION OF MULT	PLE DEPENO	ENT CLAM (BTC	R 1.16@)		180=	•	c	Ŕ	+360	ż	

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to plocess) an application. Confidentiality is potented by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of litre you require to complete this form and/or suggestions for reducing this burden, should be cent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.